

At birth, a STATE CERTIFICATE must be made for each child. The number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. **105**

Registered No. **19**

1. PLACE OF BIRTH

County **Pima**

State

Township

or Village

City

No.

St.

Ward

2. Full name of child

Remilda Hernandez

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

If child is not yet named, make supplemental report, as directed

3. Sex

4. Twin, triplet, or other

5. Premature

6. Legitimate

7. Date of birth

8. Date of birth

9. Full name

FATHER

10. Full name

MOTHER

11. Residence (usual place of abode)

12. Residence (usual place of abode)

13. Color or race

14. Age at last birthday

15. Color or race

16. Age at last birthday

17. Birthplace (city or place)

18. Birthplace (city or place)

19. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

20. Trade, profession, or particular kind of work done, as housewife, typist, nurse, clerk, etc.

21. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

22. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

23. Date (month and year) last engaged in this work

24. Total time (years) spent in this work

25. Date (month and year) last engaged in this work

26. Total time (years) spent in this work

27. Number of children of this mother (At time of this birth and including this child)

(a) Born alive and now living **3** (b) Born alive but now dead **0** (c) Stillborn **0**

28. If stillborn, period of gestation

29. Cause of stillbirth

Before labor

During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was **born alive** on the date above stated

(Born alive or stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed)

or

Midwife

Given name added from a supplemental report

(Date of)

Address

Filed

Registrar

Registrar

1889-416-471